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FORMS AND EXAMPLES

The following forms and examples have been provided to assist the Division and Resident Engineers and their staff in completing the various required documentation for contract construction projects. It is the intent of this subsection of the Manual to have various forms available to the Resident Engineers, however, keep in mind that the majority of the forms are available electronically on the Department website.

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North Carolina Department of Transportation INSPECTOR'S DAILY REPORT

Construction Unit

03/07

Effects of Weather on Items of Work	Contra	ct No.:	T.I.P. Num	ector:	Day:			Date:							
Effects of Weather on Items of Work	High T	emp:	AM Conditi	ons:					PM Condition	ns:					
Items of Work	Low Te	emp:													
Items of Work		Effects of Weather on Items of Work													
Items of Work															
Accidents (Check One): No Yes See Accident Report Dated: Visitors: Engineering Staff: Contractor(s) and Personnel No. Name Type # Hrs Type # Hrs Type # Hrs Type # Hrs 1. Prime Supt Foreman Operators Laborers 2. Sub/Utility Supt Foreman Operators Laborers 3. Sub/Utility Supt Foreman Operators Laborers Contractor(s) Equipment (Active or Idle) Contr/ Sub Description Number Of Number Head Hours				No E	ffect	50% of									
Accidents (Check One): No Yes See Accident Report Dated: Visitors: Engineering Staff: Contractor(s) and Personnel No. Name Type # Hrs Type # Hrs Type # Hrs Type # Hrs 1. Prime Supt Foreman Operators Laborers 2. Sub/Utility Supt Foreman Operators Laborers 3. Sub/Utility Supt Foreman Operators Laborers Contractor(s) Equipment (Active or Idle) Contr/ Sub Description Total Hours		Items of Work		All	Day							Remarks			
Accidents (Check One): No Yes See Accident Report Dated: Visitors: Engineering Staff: Contractor(s) and Personnel No. Name Type # Hrs Type # Hrs Type # Hrs Type # Hrs 1. Prime Supt Foreman Operators Laborers 2. Sub/Utility Supt Foreman Operators Laborers 3. Sub/Utility Supt Foreman Operators Laborers Contractor(s) Equipment (Active or Idle) Contr/ Sub Description Number of Number of Number Total Hours															
Accidents (Check One): No Yes See Accident Report Dated: Visitors: Engineering Staff: Contractor(s) and Personnel No. Name Type # Hrs Type # Hrs Type # Hrs Type # Hrs 1. Prime Supt Foreman Operators Laborers 2. Sub/Utility Supt Foreman Operators Laborers 3. Sub/Utility Supt Foreman Operators Laborers Contractor(s) Equipment (Active or Idle) Contr/ Sub Number of Number Total Hours						_	_								
Visitors: Engineering Staff:				L			L								
Contractor(s) and Personnel No. Name Type # Hrs Type # Hrs Type # Hrs Type # Hrs 1. Prime Supt Foreman Operators Laborers 2. Sub/Utility Supt Foreman Operators Laborers 3. Sub/Utility Supt Foreman Operators Number Of Numbe		Accidents (Check One):	☐ No	☐ Ye	es	See Acc	ident	Repo	rt Dated:						
No. Name Type # Hrs Ty	Visitors: Engineering Staff:														
No. Name Type # Hrs Ty															
1. Prime Supt Foreman Operators Laborers 2. Sub/Utility Supt Foreman Operators Laborers 3. Sub/Utility Supt Foreman Operators Laborers Contractor(s) Equipment (Active or Idle) Contr/Sub Description Number of Number Head Hours	···														
Supt Foreman Operators Laborers 2. Sub/Utility Supt Foreman Operators Laborers 3. Sub/Utility Supt Foreman Operators Laborers Contractor(s) Equipment (Active or Idle) Contr/Sub Description Number Head Hours			Type	#	Hrs	Туре	#	Hrs	Туре	#	Hrs	Туре	#	Hrs	
3. Sub/Utility Supt Foreman Operators Laborers Laborers Contractor(s) Equipment (Active or Idle) Contr/ Sub Description Number Hours			Supt			Foreman			Operators			Laborers			
Contractor(s) Equipment (Active or Idle) Contr/Sub Description Supt Foreman Operators Laborers Laborers Number Of Number Hours	2.		Supt			Foreman			Operators			Laborers			
Contr/ Sub Description Number Number Hours	3.	Sub/Utility	Supt			Foreman			Operators			Laborers			
Contr/ Sub Description Number Number Hours			Contin		(a) F		/ A -4!:								
Sub Description of Number Hours	_		Contr	actor	(S) E	quipment	(ACII)	ve or	idie)	Nlum	nhor		To	tal	
			Des	scripti	on										
												Used			

Details of Daily Operations
Inspection Details (Items Checked/Results/Corrective Actions)
Traffic Control Review

Inspector's Signature

PROJECT DIARY

FORM CU-D REV. 03-07

CONTRACT NO.:	DAY & DATE:
WEATHER:	TEMP. HIGH:LOW:
THE FOLLOWING DAILY REPORTS PART OF THE PROJECT DIARY:	INCLUDED HEREWITH ARE BEING MADE A
CONTRACTOR/SUBCONTRACTOR	DESCRIPTION OF OPERATION
1	
2	
3	
4 5.	
7	
9	
10	
13.	
PROJECT INSPECTOR'S DAILY SUMMARY	
Delays to Contractor's Operations If Yes, Explain	☐ Yes ☐ No
Was any work in dispute? ☐ Yes If Yes, Explain	□ No
PROJECT INSPECTOR'S SIGNATURE	REVIEWED BY:

PROJECT INSPECTOR'S COMMENTS:
PROJECT ENGINEER'S COMMENTS:

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

ENGINEER'S WEEKLY SUMMARY 3/07

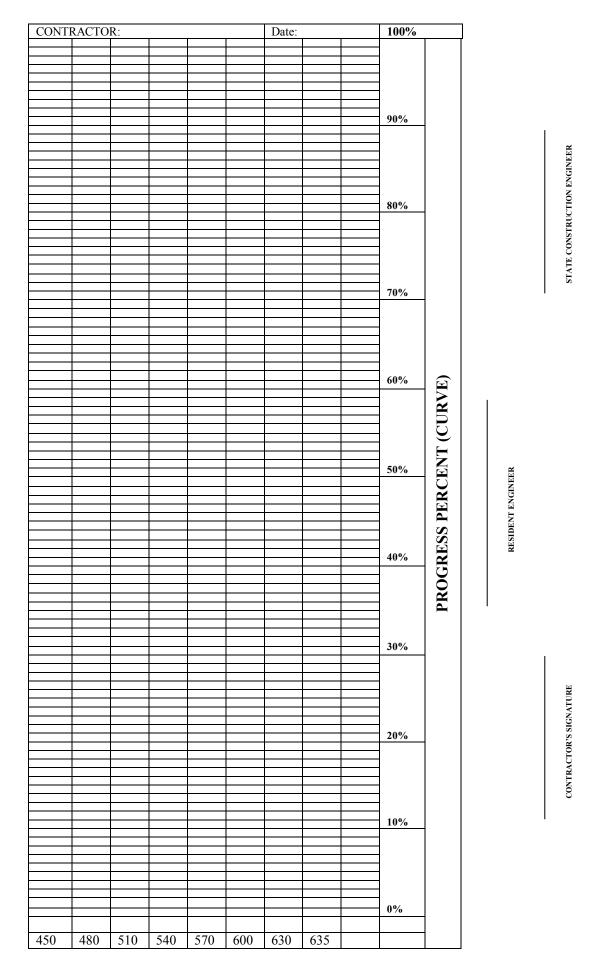
Contract No.:	T.I.P. No.:	Week Beginning:				

		1	
ENGINEER'S	WEEKLY SUMMARY OF EVE	NTS, OBSERVATIONS AN	D REMARKS
	CONTRACTORIS CONTRO	LUNC ODEDATION(C):	
	CONTRACTOR'S CONTRO	LLING OPERATION(5):	
En	igineer's Signature	Da	ite

THIS FORM SHOULD BE COMPLETED WEEKLY BY THE RESIDENT ENGINEER FOR CONSTRTUCTION ACTIVITIES OCCURING MONDAY THROUGH SUNDAY. AFTER COMPLETION, ATTACH THIS FORM TO THE TOP OF THE WEEK'S DAILY REPORTS OF CONSTRUCTION AND INCLUDE IN THE PROJECT DIARY.

PROGRESS SCHEDULE CHART

PROJE	CT NO.:	•									COI	UNTY:				<u></u>
																— —
	DI	TIME ERCEN	т													
BID ITEM &	rı	LKCEN	1													-
PRORATA																
PERCENT																
OF TOTAL																
BID																
		TME														
	(AV	TME	ND.													
	(W	ORK O	K													
	AV	AILAB	LE													
	-	DAYS)														
Mobilization,																
Tr. Con.																
9%								_								
Grading 22%		-														
22%																
		<u> </u>														
Drainage, C&G		 														
C&G																
11%		 														
Paving 28%																<u> </u>
28%																
																<u> </u>
a:																
Signs, Markings																
Markings																
5%																
Culvert																
4%																
Cionala																
Signals 7%																
/ /0																
Seeding Frosion																
Seeding, Erosion Control 9%																
Control 7/0																
		<u> </u>														-
Utilities																
5%		-														
		 														
		<u> </u>														
		 														
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	-							-								
								_								
Time																
Calendar																
Days		-	30	60	90	120	150	180	210	240	270	300	330	360	390	420
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NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS

PROOF ROLLING DAILY REPORT

D No.:	Report No.:
Make of Roller:	
Weight (Tons Gross):	
MPa. (PSI)	Use 43-46 Metric Tons (48-50 Tons)
Stopped:	Hours Rolled:
Stopped:	(Units, Decimals)
Stopped:	
to Sta.	Coverages:*
to Sta.	Coverages:*
to Sta.	Coverages:*
to Sta	
to Sta.	
to Sta.	
ling procedure when the entire width of the sect	tion designated has been in contact with the
Inspector:	
Resident Engineer:	
	Make of Roller: Weight (Tons Gross): MPa. (PSI) Stopped: Stopped: Stopped: to Sta. to Sta. to Sta. to Sta. to Sta. Ito Sta.

Geotechnical Unit Division Engineer File

ANNUAL FHWA 1391

				FEDE	R/	AL-AII	HIGI	YAWH	CONS	TRUC	TION C	ONTR	ACTOF	RS ANI	NUAL E	EO RI	EPOR1						
1. MARK APPROPRIATE BLOCK				2. CO	/IPAI	NY NAME	E, CITY, S	STATE:		3. PROJ	PROJECT NUMBER: 4. DOLLAR AMOUNT OF CONTRACT: 5. PROJECT LOCATI						ATION: (ATION: (County and State)					
⊔ Contractor																							
⊔ Subcontractor	Subcontractor																						
	Th	nis collecti	on of infor	mation is	req	uired by la	aw and re	gulation 23	3 U.S.C. 1	40a and 23	3 CFR Part	t 230. The	OMB contr	ol number	for this coll	ection is 2	125-0019	expiring in	March, 20°	13.			
6	. WOR	KFORG	E ON F	EDER	AL	-AID A	ND CO	NSTRU	CTION	SITE(S)	DURING	G LAST	FULL F	PAY PE	RIOD EI	NDING I	N JULY	20	(INSER	T YEAR	<u>.</u>		
									ABLE	Α											TAB	LE B	
JOB CATEGORIES	TOTAL TOTAL			PLACK or			NIC OR	AME	RICAN AN OR	۸۶	LI AM		NATIVE HAWAIIAN OR		R MORE	WHITE				ON TH	HE JOB		
JOB CATEGORIES	EMPL	OYED	ETHNIC	MINORI	TY	AMER		LA ⁻	TINO		A NATIVE	I I I I I I I I I I I I I I I I I I I			RA	CES	"	III L	APPRENTICES		TRAINEES		
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OFFICIALS	0	0	0		0																		
SUPERVISORS	0	0	0	l e	0																		
FOREMEN/WOMEN	0	0	0	ı	0																		
CLERICAL	0	0	0	ı	0																		
EQUIPMENT OPERATORS	0	0	0	ı	0																		
MECHANICS	0	0	0		0																		
TRUCK DRIVERS	0	0	0		0																		
IRONWORKERS	0	0	0		0																		
CARPENTERS	0	0	0		0																		
CEMENT MASONS	0	0	0	l e	0																		
ELECTRICIANS	0	0	0	l e	0																		
PIPEFITTER/PLUMBERS	0	0	0		0																		
PAINTERS	0	0	0		0																		
LABORERS-SEMI SKILLED	0	0	0	l e	0																		
LABORERS-UNSKILLED	0	0	0	l e	0																		
TOTAL	0	0	0	l e	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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APPRENTICES	0	0			Т																		
OJT TRAINEES	0	0			T																		
8. PREPARED BY:				•					9. DATE		10. REV	IEWED BY	<i>i</i> :						•			11. DATE	<u> </u>
(Signature and Title of Contractors Representative)											(Signatu	ire and Tit	le of State	Highway	Official)								
Form FHWA- 1391 (Rev. 06-10)										PREVIO	US EDITIO	ONS ARE	OBSOLET	ΓE									

SUBCONTRACT APPROVAL FORM

			SUE	BCONT	RACT APPR	DVAL	FOR	М						
Contract No.:			F.A. N	lo.:				Subcontract R	equest Number:		_			
WBS Element:			T.I.P.	No.:				County:						
APPROVAL IS REQ	UESTED TO SUBLET THE FO	LLOWING IT	EMS C	F WOR	ON THIS PRO	JECT T	O :							
								Retainage	Certification	Reporti	ng No.			
Subcontractor Name and A	Address							Retainage	Certification	Reporti	ng No.			
2 nd Tier-1 Subcontractor N	lame and Address													
Line Code		Portion	Partial	Sub			CP	DBE/MBE/WBE	DBE/MBE/WBE	Subcontract	Total Subcontract			
Number	tem Description	(●)	(•)	or 2nd Tier	Quantity	иом	٠	Unit Price	Sublet Amount	Unit Price	Amount			
						+								
						+								
						\blacksquare								
Indicates a Portion o	f Work (●)		Indica	tes a Par	tial Item (+)		DBE/M	BE/WBE Amount		Subcontract Amt.				
								•						
SUBCONTRACT CE	RTIFICATION (applies only to F	ederal proje	cts)											
The Contractor / Sub in the subcontract / 2	contractor certifies that the subcontract in its entirety.	contract is in	writing	and that	FHWA 1273, "F	Required	d Cont	ract Provisions," I	have been includ	ied				
Contractor: Signature:			Date			APPR	OVED	5						
Title:			Date			Resid	ent En	glneer			Date			
Subcontractor:						Appro	oved w	Ith the understandir	ng that the Contra	ctor will be responsit	ie for the			
Signature: Date Title:								satisfactory performance and completion of the work in compilance with the terms of the contract and that all payments will be made to the Contractor.						
2 nd Tier						-								
Subcontractor:			Data											
Signature:														

SUBCONTRACT APPROVAL FORM INSTRUCTIONS

Form SAF Rev. 2 Revised 5-2012

Subcontract Appproval Form (SAF)

- Complete the "Subcontract Approval Form" (Form SAF) for the Subcontractor and the 2nd Tier Subcontractor on one form. Additional items of work can be entered on the "Subcontract Approval Form Attachment". If there is more than one 2nd Tier Subcontractor, the information should be listed on the "Subcontract Approval Form - Additional 2nd Tier" (SAF - Additional 2nd Tier).
- Reporting Number is the Fiscal Vendor Number for Contractors and Subcontractors. This number can be found on the NCDOT Directory of Transportation Firms - Prequalified Bidders and Subcontractors. Use the following web address to access the list of Prequalified Bidders and Subcontractors.

https://partner.ncdot.gov/VendorDirectory/default.html

Enter the name of your subcontractor and hit "Submit". If the firm is prequalifed to perform work for NCDOT, the firm's information will be shown on the screen. Click on the firm's name to access the Reporting

- If retainage is being withheld for the Subcontractor or 2nd Tier Subcontractor place an "X" in the box under the column titled "Retainage."
- 4. When the proposed Subcontractor or 2nd Tier Subcontractor is a certified DBE, MBE, or WBE Subcontractor, select the appropriate certification from the drop down list. When the proposed Subcontractor is not a certified DBE, MBE, or WBE subcontractor, select "NONE" from the drop down list.
- 5. Partial and Portion Items of Work

Partial Item of Work is defined as a Subcontractor performing part of the work associated with a line item, such as hauling asphalt or tying steel. The partial item of work should be indicated by the symbol (*). The work associated with the contract line item to be performed by the Subcontractor shall be identified.

Portion of Work is defined as a Subcontractor performing all the work associated with a line item, but only a portion of the contract quantity. An example is grading from Station 225+00 - L to the end of the project. The portions of work should be indicated by the symbol (•). The physical limits of the sublet quantity shall be identified.

- Sub or 2nd Tier Designate if the work for the associated line item will be performed by a Subcontractor or a 2nd Tier Subcontractor. This must be completed to correctly calculate the Subcontract Amount.
- 7. Units of Measure (UOM) shown on the Subcontract Approval Form (SAF) shall be the same as those shown in the Department's contract. Any conversions that are necessary to satisfy this requirement shall be the responsibility of the Contractor. The Converted Price (CP) shall be denoted with an asterisk (*). (Examples of converting units of measure can be found in the HiCAMS User Guide, Chapter 2, Section 8B. Use the following link to view the examples.)

http://www.ncdot.org/doh/operations/do_chief_eng/constructionunit/formsmanuals/UserGuide/Index_User_Guide html

8. DBE/MBE/WBE Unit Price - This unit price should only be completed for DBE/MBE/WBE Subcontractors. Enter a DBE/MBE/WBE Unit Price for the items of work performed by any certified DBE/MBE/WBE. Use the chart below to determine if a DBE/MBE/WBE Unit Price shall be entered for the line item, based on the certification of the firm.

		Enter
		DBE/MBE/WBE
Subcontractor	2nd Tier	Unit Price For
Certified	None	Subcontractor
Certified	Certified	Subcontractor
None	Certified	2nd Tier

The DBE/MBE/WBE Unit Price must be the negotiated unit or lump sum price agreed upon between the Contractor and the Subcontractor. It can be higher, lower or equal to the contract bid price. Form SAF Rev. 2 Revised 5-2012

DBE/MBE/WBE Sublet Amount is the DBE/MBE/WBE Unit Price multiplied by the Quantity. For committed firms, the DBE/MBE/WBE Sublet Line Item Amount shall be the same or higher than the amount listed in the contract.

- 10. Subcontract Unit Price The Subcontract Unit Price must be the same as the contract unit price unless the Subcontractor is performing a partial item of work. When a partial item of work is sublet, the unit price must be less than the contract unit price. When only a portion of the quantity of an item is sublet, the unit price shall be the same as the contract unit price. A Subcontract Unit Price must be entered for every line item, including an item of work performed by a DBE/MBE/WBE Subcontractor.
- 11. The Total Subcontract Amount is the Subcontract Unit Price multiplied by the Quantity.
- 12. The Subcontract Amount is the amount subcontracted by the Contractor. The amount is used to determine the percent of work performed by the Prime Contractor. (Refer to Article 108-6 of the Standard Specifications for subletting percentages.) The Subcontract Amount is calculated by summing the Total Subcontract Amounts for the Subcontractor. Any items listed on the Attachment sheet for the Subcontractor is also included in the Subcontract Amount. The line items for 2nd Tier Subcontractor(s) are not included.
- 13. When any item requested to be sublet has been previously included in an approved subcontract, the following statement shall be included above the listing of these items: "The following items are being deleted from "Subcontract Request Number _____."
- 14. The Contractor, Subcontractor and 2nd Tier Subcontractor shall sign the original Subcontract Approval Form and the Contractor shall submit the form to the Resident Engineer.

Sublet Percentages

FOR USE BY NCDOT PERSONNEL (for non HiCAMS contracts)

The following is the process used to calculate the Sublet Percentages after the approval of each subcontract. The fields will not populate, this process should be hand calculated.

(1) Total Original Contract Amount	(5) Difference {1-(2+3)}
(2) Specialty Items Sublet	(6) Percent by Prime {(1-4)/5
(3) Non-spec. Items Sublet to DBE/MBE/WBE	(7) Threshold Check {(1-4)/(1-2)}
(4) Total Sublet (Grand Total)	

SUBCONTRACT APPROVAL FORM - ATTACHMENT

Form SAF Attachment	Rev. 2A			€	•						Rev. 5-2012
			SUE	CONTR	RACT APPRO	VAL	FORI	м			
Contract No.:		_	F.A. N	lo.:				Subcontract F	Request Number:		-
Line Code Number	Item Description	Portion (•)	Partial (+)	Sub or 2nd Tier	Quantity	UOM	CP •	DBE/MBE/WBE Unit Price	DBE/MBE/WBE Subjet Amount	Subcontract Unit Price	Total Subcontract Amount
		+									
		\Rightarrow									
											,
						F					
		+									
						\vdash					
		+									
		\Rightarrow									
											,
Indicates a Portion	n ofWork (a)		Indian	os a Dad	ial Item (♦)						

ADDITIONAL SECOND TIER SUBCONTRACTOR FORM

	-				(See)						Rev. 5-201
			SUE	CONT	RACT APPRO	VALI	FORI	м			
Contract No.:			F.A. N	lo.:				Subcontract F	Request Number:		_
WBS Element:			T.I.P.	No.:				County:			_
APPROVAL IS REQU	JESTED TO SUBLET THE FOL	LOWING IT	EMS O	F WORK	ON THIS PROJ	ECT T	0:				
								Retainage	Certification	Repor	ting No.
2 ^{Na} Tier-2 Subcontractor Na	me and Address										
								Retainage	Certification	Repor	ting No.
2 nd Tier-3 Subcontractor Na	me and Address							L 1			
Line Code	Item Description	Portion		Sub	Quantity	иом	CP	DBE/MBE/WBE	DBE/MBE/WBE	Subcontract	Total Subcontract
Number	nem oczanymon	(●)	(+)	2nd Tier	quantity	00	•	Unit Price	Subjet Amount	Unit Price	Amount
						Н					
			_			ш	-				
 			\vdash			Н	-				
						\vdash					
			\vdash			Н					1
Indicates a Portion of	Work (●)		Indica	tes a Par	tial Item (🕈)						
SUBCONTRACT CE	RTIFICATION (applies only to F	ederal projec	cts)								
The Contractor / Sub	contractor certifies that the subc	ontract is in	writing	and that	FHWA 1273, "Re	quired	Cont	ract Provisions," I	have been include	ed	
in the subcontract / 2' Contractor:	d tier subcontract in its entirety.					APPR	OVED				
Signature:			Date			APPK	OVED				
Title:						Reside	ent En	gineer			Date
Subcontractor:						Appro	wed w	ith the understand	ng that the Contrac	for will be respons	lible for the
Signature:			Date			satisfa	ctory p	performance and c	ompletion of the wo	rk in compliance v	with the
Title:									all payments will be		
2 nd Tier						1					
Subcontractor:											
Signature: Title:			Date			ł					
						I					

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

					,	AUTHORIZEI	FOR LOCA	L REPRODUCTION
*	ST FOR AUTHORIZATION AN		C	SER	PROPRIATE BOX VICE CONTRACT VISTRUCTION CONTR	E	MB No.: xpires:	9000-0089 04/30/2005
instructions, searching ex Send comments regarding to the FAR Secretariat (I	or this collection of information is xisting data sources, gathering an ng this burden estimate or any of MVP), Office of Acquisition Policy 0089), Washington, DC 20503.	d maintaining th	he data	needed	and completing a	nd reviewir	ng the colle	ection of informat
	ONTRACTOR SHALL COMPLETE HE CONTRACTING OFFICER.	ITEMS 3 THRO	UGH 16	S, KEEP	A PENDING COPY	, AND SUB	MIT THE F	REQUEST, IN
1. TO: ADMINISTRATOR, En WAGE AND HOUR DI U.S. DEPARTMENT O WASHINGTON, D.C.	OF LABOR	2. F	ROM: (REPORTI	NG OFFICE)			
3. CONTRACTOR	202.10	•				4. DATE	OF REQUE	ST
5. CONTRACT NUMBER	6. DATE BID OPENED (SEALED BIDDING)	7. DATE OF AWA	ARD		B. DATE CONTRA STARTED	CT WORK		OPTION EXERCISED (IF ABLE) (SCA ONLY)
10. SUBCONTRACTOR (IF A	ANY)							
11. PROJECT AND DESCRIP	PTION OF WORK (ATTACH ADDITION	NAL SHEET IF NE	EDED)					
12. LOCATION (CITY, COUR	NTY AND STATE)							
	TE THE WORK PROVIDED FOR UNDE ATION(S) NOT INCLUDED IN THE DEF			TERMINA	TION	BUSH THE F	OLLOWING	RATE(S) FOR THE
a. LIST IN ORDER: PROPOS	ED CLASSIFICATION TITLE(S); JOB C		DUTIES;	DATED:	b. WAGE RA	ATE(S)	C. I	FRINGE BENEFITS
14. SIGNATURE AND TITLE (IF ANY)	OF SUBCONTRACTOR REPRESENTA	TIVE 15.	SIGNAT	URE ANI	TITLE OF PRIME CO	INTRACTOR	REPRESEN	TATIVE
16. SIGNATURE OF EMPLOY	YEE OR REPRESENTATIVE	тп	LE			CHECK APPRO		DISAGREE
TO BE COMPLETED I	BY CONTRACTING OFFICER (CHECK AS A	PPROP	RIATE	- SEE FAR 22.10)19 (SCA)	OR FAR	22.406-3 (DB
THE INTERESTED PAR	RTIES AGREE AND THE CONTRACTIN RECOMMENDATIONS ARE ATTACHED RTIES CANNOT AGREE ON THE PROP IS THEREFORE REQUESTED. AVAIL	D. POSED CLASSIFIC	ATION A	AND WA	GE RATE. A DETERM	IINATION OF		
SIGNATURE OF CONTRACT	(SI TING OFFICER OR REPRESENTATIVE	and copies 1, 2, and			(abor)	DATE SUE	MITER	
SIGNATURE OF CONTRACT	ING OFFICER OR REPRESENTATIVE	NO.		COMME	CIAL TELEPHONE	DATE SUE	INITEU	
PREVIOUS EDITION IS USAB	BLE				S			1444 (REV. 12-2 AR (48 CFR) 53.2

Road Warriors Contracting

1234 Gills Avenue P.O. Box 22345 Walls, North Carolina 22567 832-555-5555

October 12, 2010

Mr. Resident Engineer 1234 District Drive Salty, North Carolina 23568

Mr. Engineer:

In accordance with the DBE Provisions, I have attached a proposed trucking plan for this project, to assist you with truck monitoring.

Please contact me at (832) 555-5555 if you need additional information.

Thank you,

I. M. Owner

Truck Plan

 Contract No:
 C123456

 County:
 Dancoe

Listing of Firms

		Number of
	DBE	Trucks
Trucking Firm	Certification	Owned
Over the Hill Trucking	DBE/MBE	5
Lucky Trucking	DBE/MBE	3
Well Transportation	DBE/MBE	8
Richie Rich Trucks	DBE/WBE	3
Ball Hauling	None	2
TNT Trucking	None	1

Total Available Trucks 22

Individual Truck Listing

Individual Truck L	isting									
Firm	Truck Type	Truck Number	A S	N AG	0th 20th 8	S. A. S.	Store Spir	per St Hiller	ASQ Indes	
Over the Hill Trucking	Mack RD 690A - Quad Axle	Over 1	X	X	X	X	X	X	X	
	Mack RD 690A - Quad Axle	Over 2	X	X	Х	Х	X	X	X]
	Mack RD 690A - Tri Axle	Over 3	X	Х	Х	X	X	X	X	1
	Mack RD 690A - Quad Axle	Over 4	X	Х	Х	Х	Х	Х	Х	1
	Mack RD 690A - Tri Axle	Over 5	X	X	Х	X	X	Х	Х	1
Lucky Trucking	Ford L-9000 Tri Axle	LT 3	Х	X						1
	Ford L-9000 Tri Axle	LT4	X	Х						1
	Ford L-9000 Tri Axle	LT 5	X	Х						1
Well Transportation	Mack DM 688S Tri Axle	Well -01	X	Х	Х					1
	Mack RD 690S Quad Axle	Well-03	Х	X	Х					1
	Mack RD 690S Quad Axle	Well-04	X	Х	Х					
	Mack RD 690S Quad Axle	Well-06	Х	Х	Х					1
	Mack RD 690S Quad Axle	Well-11	Х	X	Х					1
	Mack RD 690S Quad Axle	Well-10	Х	Х	Х					1
	Mack DM 688S Tri Axle	Well-08	Х	Х	Х					1
	Mack DM 688S Tri Axle	Well 07	Х	X						1
Richie Rich Trucks	Mack 690 Quad Axle	RR-11	Х	Х						1
	Mack 690S Tri Axle	RR-22	Х	Х						1
	Mack 690S Tri Axle	RR-33	X	X						1
Ball Trucking	Ford L-9000 Tri Axle	Ball 1	Х	Х						1
	Ford L-9000 Tri Axle	Ball 2	X	X						1
TNT Trucking	Mack 686LS Quad Axle	TNT 1	Х	Х				T		1

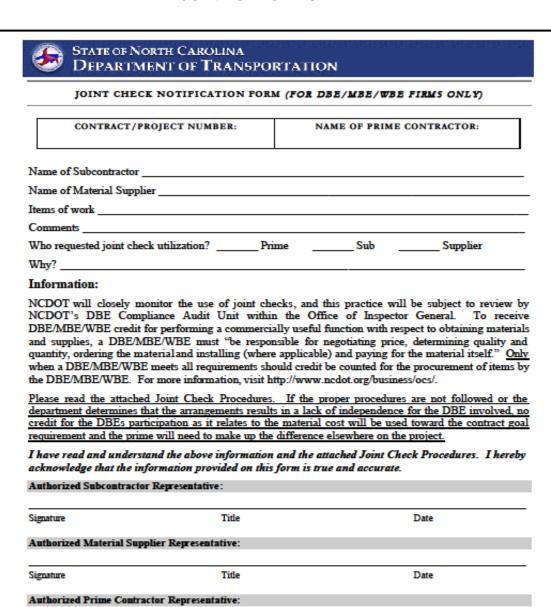
TRUCK MONITORING FORM EXAMPLE

EXAMPLE TRUCK REPORT ATTACH TO INSPECTOR'S DAILY REPORT WBS NO.: DATE: Monday C201447 R-4002 34572.3.2 6/7/2010 PRIME CONTRACTOR AXLE QUAD OTHER REMARKS AXLE S.T. WOOTEN DBE SUBCONTRACTORS MILITARY & FEDERAL CONSTRUCTION CARDINAL BLUE ENTERPRISES MAR-TECH LAND DEVELOPERS HAROLD A. PURYEAR TRUCKING See Joe Smith Hauling NON-DBE Joe Smith Hauling Working with Puryear, Full DBE credit Joe Johnson Hauling Non/DBE, not part of commitment TOTALS 24 PROJECT INSPECTOR'S SIGNATURE NOTE: IF NO TRUCKS USED, NOTE ON INSPECTOR'S DAILY REPORT.

TRUCK MONITORING FORM

CONTRACT NO. : TIP NO. :	WBS N	٥.		DAY:	DATE:	_
CONTRACT NO.: TIP NO.:	WBS N	0. :		DAT:	DATE:	
•				•	•	_
PRIME CONTRACTOR	DUAL	TRI	QUAD	OTHER	REMARKS	\neg
						\Box
	_	\vdash	 	\vdash		\dashv
DBE/WB/MB SUBCONTRACTORS						
	_			\vdash		\dashv
	_	-	-	\vdash		\dashv
	_		\vdash			\dashv
						\dashv
				\vdash		_
	-	_	<u> </u>	\vdash		\dashv
	-		\vdash	\vdash		\dashv
	-					\dashv
						\dashv
						\exists
						\Box
NON-DBE	_					_
NON-UBE						٦.
						┨
				igsquare		_
	_	_	<u> </u>	\vdash		\dashv
	_	\vdash	\vdash	\vdash		\dashv
TOTAL	.	\vdash	\vdash	 		
TOTALS	5					

JOINT CHECK FORM



Received:

Date

Title

CC: State Contractor Utilization Engineer

Signature

Bridge/Roadway Engineer 11/2008

DBE MBE WBE REPLACEMENT REQUEST FORM



DBE MBE WBE REPLACEMENT REQUEST FORM

The North Carolina Department of Transportation (NCDOT) is committed to the participation of Disadvantaged, Minority and Woman Business Enterprises (DBE/MBE/WBE), in contracting opportunities in accordance with 49 Code of Federal Regulations (CFR). It is the policy of NCDOT to ensure nondiscrimination on the basis of race, color, sex or national origin in the award and administration of the contacts.

In accordance with the Special Provisions the Contractor shall not terminate a committed DBE/MBE/WBE subcontractor for convenience or perform the work with its own forces or those of an affiliate. Reasonable methods to resolve performance disputes must be applied. The contractor must demonstrate reasonable efforts to replace a committed DBE/MBE/WBE firm that does not perform as intended with another committed DBE/MBE/WBE firm. Replacement of a DBE without written approval from NCDOT is a violation of contract provisions and may result in the Contractor being disqualified from bidding for a period of up to 6 months.

Contract Number.
DBE/MBE/WBE being replaced:
Explanation for Replacement:
Subcontract Amount:
Amount of Subcontract Remaining:
Line Items:
If a DBE/MBE/WBE subcontractor is terminated, or fails to complete its work on the contract for any reason, the prime contractor will make good faith efforts to find another DBE/MBE/WBE subcontractor to substitute for the original DBE/MBE/WBE. These good faith efforts shall be directed at finding another DBE to perform at least the same amount of work under the contract as DBE/MBE/WBE that was terminated, to the extent needed to meet the contract goal established for the project
Replacement Contractor:
Is this a NCDOT Certified DBE/MBE/WBE contractor? Yes No
By signing this document, the Contractors and Resident Engineer who is the designated representative of NCDOT, concurs with the process of replacing the named DBE/MBE/WBE subcontractor.
DBE Contractor Signature Date
Prime Contractor Signature Date
Resident Engineer Signature Date
Upon Completion Send to:

Cc: Division Engineer

State Construction Engineer State Contractor Utilization Engineer

Business Opportunity and Workforce Development

SUPPLEMENTAL AGREEMENT PRICING FORM

	Project Number	Date
	Turn-around time needed to avoid project delays Day(s)	
	Potential impacts to project schedule should be discussed when prices are requested	
	Brief description of Supplemental Agreement	
	If work is subcontracted, describe portion of work performed by Prime	
	Describe special conditions that affect pricing (Risk)	
	Materials*	
<u>_</u>	Cost \$	
/ithi	Transportation Costs \$	
Z .	Anticipated fabrication and/or delivery time	
atic	*Provide description of material(s) and source(s)	
ach operati Agreement		
th o	Labor*	
eac al A	Labor cost \$	
eparately for e Supplemental	Labor Burden (Percent mark-up to labor cost) *Provide certified annual labor burden \$	
itely olen	*Attach quantity, duration, labor classification and wage rates of anticipated work force.	
para Supp	Attach quality, daration, labor outcomounted in mago rates of antispates from 1975.	
le ser the S	Equipment*	
ible t	Cost \$	
Assemble separately for each operation within the Supplemental Agreement	*Attach quantity, type, production rates and duration of associated equipment. Identity rented equipment separately.	
<	*Describe any equipment that is idled during operations or associated with crew and idled by operation.	-
•	Subtotal of costs associated with work \$	
	Subcontract	
	Subcontract Administration Cost (percent mark-up on cost subtotal) \$	
	Overhead	
	Overhead Cost (percent mark-up on cost subtotal) \$	
	Profit	
	Profit Cost (percent mark-up on cost subtotal) \$	
	Total Supplemental Agreement Price \$	
	Time Extension*	Days
	*Provide justification for any proposed time extension	
	The costs detailed herein, although an estimate of the proposed work, are based upon the most ac and/or historical costs of similar operations.	curate available information
	Date	
	Date	

FORCE ACCOUNT SUMMARY FORM 480

	NO			ARTMENT OF TRAN T OF FORCE ACCOUN		Contract Number:
		DETAILEL		SUMMARY	II WORK	
				D BY LETTER DATED:		
STATE PROJECT:	E A No:		COLINEY	D BT LETTER DATED.	CONTRACTOR:	_
	F. A. NO	-	. COUNTY.		_ CONTRACTOR.	
SUBCONTRACTOR:			=		week Ending:	
SUBCONTRACTOR			4 D D I T I / E	TRANSPORTATION	•	1
			ADDITIVE	TRANSPORTATION		
SUMMARY	AMOUNT	ADDITIVE	AMOUNT	COSTS	SUBTOTAL	REMARKS
ITEM	(A)	(B)	(A)x(B)=(C)	(D)	(A)+(C) OR (A)+(D)	
		4=04				
MATERIALS	\$	15%			\$	
LABOR ADDITIVES	\$				\$	
LABOR	\$				\$	
LABOR OVERTIME	\$				\$	
TRAVEL ALLOWNACES	\$				\$	
STANDBY OR IDLE LABOR	\$				\$	
EQUIPMENT	\$				\$	
STANDBY OR IDLE EQUIPMENT	\$			\$	\$	
RENTAL EQUIPMENT	\$		\$	\$	\$	
			SUB-C	ONTRACTOR TOTAL:		
CONTRACTOR			ADDITIVE	TRANSPORTATION		
SUMMARY	AMOUNT	ADDITIVE	AMOUNT	costs	SUBTOTAL	REMARKS
ITEM	(A)	(B)	(A)x(B)=(C)	(D)	(A)+(C) OR (A)+(D)	112
IIEM	(7-)	(5)	(A)A(B) (0)	(5)	(2) (3) 311 (2)	
MATERIALS	\$	15%			\$	
LABOR ADDITIVES	\$	70,0			\$	
LABOR	\$				\$	
LABOR OVERTIME	\$				\$	
TRAVEL ALLOWANCES	\$				\$	
STANDBY OR IDLE LABOR	\$				\$	
EQUIPMENT	\$				\$	
STANDBY OR IDLE EQUIPMENT	\$			\$	\$	
RENTAL EQUIPMENT	\$			\$	\$	
SUBCONTRACTORS TOTAL	\$	* SEE BELOW	\$		\$	
			FORC	E ACCOUNT TOTAL:	\$	
*SUBCONTRACTING	3 ADMINISTRATI\	/F COSTS				
Total Subcontracting Cost	o,	Rate Sch	nedule			
\$0.00 to \$10,000.00			0%	_		
		•				
Above \$10,000.00		\$1000.00 + 5%	above \$10,000.00	J		
CERTIFICATION:						
I hereby certify that the quantities and amounts	s herein shown we	re compiled by me	and are correct	to the hest of my knowledge	and helief, and that the work has	heen performed and the materials
used in accordance with the Plans and Specific				to the best of my knowledge t	und bener, and that the WOIK has	been perioritied and the materials
account accordance with the Flans and Specific	Canona neretorore	appiored for sallie				
				APPROVED:		
	DESIDENT CA	ICINIEED		_ AFFROVED.		(IOLON ENGINEED
	RESIDENT EN	IGINEEK			DIN	VISION ENGINEER

FORM 480A MATERIALS

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

DETAILED STATEMENT OF FORCE ACCOUNT WORK MATERIALS

CONTRACT NO.	AUTH	ORIZED BY LE	ETTER DATED:			
STATE PROJECT:	F.A. NO. :		COUNTY:		CONTRACTOR:	
SUBCONTRACTOR:					WEEK ENDING:	
	ling Transportation Costs)	UNIT	COST PER UNIT	QUANTITY	AMOUNT	REMARKS
MATERIA	AL DESCRIPTION	ONII	ONII	QUANTITY	AWOONT	REWARKS
				 		
				++		
				.		
			MATERIA	AL SUBTOTAL:		
	mounts herein shown were compiled by me a Specifications heretofore approved for same.	and are correct to t	he best of my knowl	ledge and belief, and that	the work has been perfo	rmed and the materials
			APPROVED:			
	RESIDENT ENGINEER		='	Di	VISION ENGINEER	

FORM 480B LABOR

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

DETAILED STATEMENT OF FORCE ACCOUNT WORK

LABOR / STANDBY OR IDLE LABOR AUTHORIZED BY LETTER DATED:

	AUT	HORIZE									
CONTRACT NO. STATE PROJECT:	FA:	#:			OUNTY:			CC	NTRACTOR:		
UBCONTRACTOR :	<u> </u>			-				WE	EK ENDING:		
		4/00	4/40	4/44	4/40	4/40	4/4.4	4/45	1	D 105	
LABOR		1/09	1/10	1/11	1/12	1/13	1/14	1/15		BASE	
NAME	CLASSIFICATION	s	м	т	w	Т	F	s	TOTAL HOURS	WAGE	AMOUNT
		•	IVI	<u> </u>	VV	- 1	Г	3	HOURS	RATE	AWOUNT
	+	+									
	1										
		1									
										SUBTOTAL:	(15)
STANDBY OR IDLE LABOR		1/09	1/10	1/11	1/12	1/13	1/14	1/15		BASE	
NAME	CLASSIFICATION								TOTAL		
NAME										WAGE	
		S	М	Т	w	Т	F	s	HOURS	WAGE RATE	AMOUNT
		s	М	Т	w	Т	F	s			AMOUNT
		s	M	Т	w	Т	F	s			AMOUNT
		S	M	Т	w	T	F	S			AMOUNT
		S	M	Т	w	Т	F	s			AMOUNT
		S	M	Т	W	Т	F	s			AMOUNT
		S	M	T	W	Т	F	S			AMOUNT
		S	M	T	W	Т	F	S			AMOUNT
		S	M	T	W				HOURS	RATE	AMOUNT
		S	M	T	W				HOURS		AMOUNT
ereby certify that the quantities and amou		d by me and				STA	NDBY	OR IDLE	HOURS	RATE	
ERTIFICATION: pereby certify that the quantities and amounted in accordance with the Plans and Specific		d by me and		ct to the b		STA	NDBY	OR IDLE	HOURS	RATE	

FORM 480B LABOR OVERTIME

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

DETAILED STATEMENT OF FORCE ACCOUNT WORK

LABOR OVERTIME

CONTRACT NO.	AUT	HORIZEI	D BY LE	TTER D	ATED:			_						
CONTRACT NO. STATE PROJECT: CONTRACTOR:	FA	#:		_	COUNTY:		CONTRACTOR: WEEK ENDING:							
LABOR		1/09	1/10	1/11	1/12	1/13	1/14	1/15		BASE				
NAME	CLASSIFICATION	s	М	т	w	Т	F	s	TOTAL HOURS	WAGE RATE	AMOUNT			
					1		<u> </u>	<u> </u>						
		1			1									
		1												
									LABOR	SUBTOTAL:				
STANDBY OR IDLE LABOR	1	1/09	1/10	1/11	1/12	1/13	1/14	1/15	<u> </u>	BASE				
NAME	CLASSIFICATION	1700	1710	.,,,,	1712	1710	17.14	1710	TOTAL	WAGE				
		S	M	Т	w	Т	F	s	HOURS	RATE	AMOUNT			
					1									
		_			1									
						STA	NDBY (OR IDLE	LABOR S	UB-TOTAL:				
TIFICATION: by certify that the quantities and amoun accordance with the Plans and Spe			d are corre	ect to the b	est of my	knowledge	e and belie	ef, and tha	t the work has	been performed an	d the materials			
					APPRO	VED:								
-	RESIDENT ENGINEER			-					DIVIS	ION ENGINEER				

FORM 480B LABOR SUMMARY

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK **PAYROLL ADDITIVES**

CONTRACT NO.	AUTHORIZED BY LE	TTER DATED:	_	
STATE PROJECT: _ SUBCONTRACTOR : _	F.A. NO. :	COUNTY:	CONTRACTOR: WEEK ENDING:	
	LABOR SUMMARY ITEM		AMOUNT	
-				
-				
• •	quantities and amounts herein shown were compiled by me and are correct to the the Plans and Specifications heretofore approved for same.	he best of my knowledge and belief, and	that the work has been perfor	med and the materials
-	RESIDENT ENGINEER	APPROVED:	DIVISION ENGINEER	

FORM 480B LABOR ADDITIVES

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

DETAILED STATEMENT OF FORCE ACCOUNT WORK

PAYROLL ADDITIVES AUTHORIZED BY LETTER DATED: CONTRACT NO. STATE PROJECT: CONTRACTOR: WEEK ENDING: SUBCONTRACTOR: BOND, INSURANCE AND TAXES RATE ITEM (PROVIDED BY APPLICABLE CONTRACTOR) QUANTITY AMOUNT REMARKS SUBTOTAL OF SUBMITED PAYROLL ADDITIVES SECTION 109-3A ALLOWS 35% ADDITIVE IF ACTUAL LABOR BURDEN RATES CANNOT BE VERIFIED. (TOTAL LABOR * 35%) **ALLOWABLE PAYROLL ADDITIVE CERTIFICATION:** I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

RESIDENT ENGINEER

FORM 480B TRAVEL - METHOD A

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

DETAILED STATEMENT OF FORCE ACCOUNT WORK

TRAVEL AND SUBSISTENCE AUTHORIZED BY LETTER DATED:

CONTRACT NO.									
			THOD "A" COUNTY:						
STATE PROJECT:	F.A. NO. :			CONTRACTOR:					
SUBCONTRACTOR:	<u>.</u>			WEEK ENDING:					
Employees Nar	ne & Dates of Travel	COST OF MEALS	COST PER DAY	AMOUNT SUBMITTED	ALLOWABLE AMOUNT				
					_				
				+					
		TRAVEL AN	ID SUBSITENCE SU	IBTOTAL:					
ARTICLE 109-3B ALLOWS FOR RATE FOR STATE EMPLOYEES MEAL ALLOWANCE PER DAY I	COMPENSATION AT THE CUR S. RATE AS OF JULY 1, 20 I S \$, ROOM RATE IS \$_	S	\$						
	nounts herein shown were compiled by me pecifications heretofore approved for same		e best of my knowledge ar	nd belief, and that the work has been perfo	rmed and the materials				
			APPROVED:						

DIVISION ENGINEER

RESIDENT ENGINEER

FORM 480B TRAVEL METHOD B

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK

TRAVEL AND SUBSISTENCE AUTHORIZED BY LETTER DATED: ______

CONTRACT NO.		Method B			
STATE PROJECT:SUBCONTRACTOR :	F.A. NO. :	COUNTY:		CONTRACTOR:	
SUBCONTRACTOR:				WEEK ENDING:	
Emplo	yees Name	CONTRACTOR PER DIEM NONE ACCOUNTABLE	LENGTH OF STAY	AMOUNT SUBMITTED	ALLOWABLE AMOUNT
		TRAVEL AND SUBSITENC	SE SUBTOTAL:		
		MAVEE AND GODONEN	DE GOBTOTAL.	L	
ARTICLE 109-3B ALLOWS FOR RATE FOR STATE EMPLOYEES MEAL ALLOWANCE PER DAY IS	. RATE AS OF JULY 1, 20	IS \$			
CERTIFICATION:					
I hereby certify that the quantities and amoused in accordance with the Plans and Spe		and are correct to the best of my knowledg	e and belief, and that t	he work has been performed	d and the materials
		APPROVED:			
	RESIDENT ENGINEER			DIVISION ENGINEER	

FORM 480B TRAVEL SUMMARY

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK TRAVEL SUMMARY

CONTRACT NO.	AUTHORIZ	ZED BY LETTER DATED:		
STATE PROJECT: SUBCONTRACTOR:	F.A. NO. :	COUNTY:	CONTRACTOR: WEEK ENDING:	
	LABOR SUMMARY ITEM		AMOUNT	
	ounts herein shown were compiled by me and an	re correct to the best of my knowledge and belie	f, and that the work has been performed	d and the materials
		APPROVED:		

RESIDENT ENGINEER

DIVISION ENGINEER

FORM 480C EQUIPMENT

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK

EQUIPMENT / RENTAL EQUIPMENT / STANDBY OR IDLE EQUIPMENT

CONTRACT NO			AUTHO	RIZED BY	LETTER	DATED:		-									
CONTRACT NO STATE PROJECT NO: SUBCONTRACTOR :				F. A. NO.:		COUNTY: CONTRACTOR: WEEK ENDING:											
EQUIPMENT	YEAR OF MODEL	BLUE BOOK CHAPTER AND PAGE	BASE MONTHLY RATE (A)	AGE ADJ FACTOR (B)	REGION ADJUST FACTOR (C)	OPER COST per HR (D)	ADJ HRLY RATE*	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS	AMOUNT	REMARKS
DESCRIPTION	WODEL	AND PAGE	RATE (A)	(6)	FACTOR (C)	FIK (D)	RATE	+ -	IVI	-	- **	-	-	-			
								-									
								1									
	-			.	ł			1									
								1									
	•			* ADJ	USTMENT HOUF	RLY RATE = (A	A*B*C/176) + 1.0*[)				EQUII	PMEN	T SUE	TOTAL:		
RENTAL		MINIMUM			ACT. NO.			1/09	1/10	1/11	1/12	1/13	1/14	1/15	TOTAL	RENTAL	
EQUIPMENT DESCRIPTION		RENTAL PERIOD	RENT. RAT		of RENTAL PERIODS		ENTAL MOUNT	s	М	т	w	Т	F	s	HOURS OPER	ADDITIVE AMOUNT **	REMARKS
			RENTAL EQ						L				<u></u>		TOTAL:		
			(LY RATES) = ((REN RATES) = ((RENTAL														
STANDBY OR IDLE	YEAR	BLUE BOOK	BASE	AGE	REGION		USTMENT	1/09	1/10	1/11	1/12	1/13	1/14	1/15	TOTAL		
EQUIPMENT DESCRIPTION	OF MODEL	CHAPTER AND PAGE	MONTHLY RATE	ADJUST FACTOR	ADJUST FACTOR		RLY RATE *C/176)*0.5	s	М	т	w	Т	F	s	HOURS	AMOUNT	REMARKS
								1									
								-									
								1									
					1			1									
CERTIFICATION: I hereby certify that the quantit the materials used in accordar) .			and b						BTOTAL: n perform	ed and	
		RESIDE	ENT ENGINEER	7		. A	PPROVED				E	IVISIO	ON EN	GINE	ĒR		

FORM 480C OWNER/OPERATOR EQUIPMENT

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK

OWNER-OPERATED EQUIPMENT / FULLY MAINTAINED & OWNER OPERATED TRUCKS AUTHORIZED BY LETTER DATED: _____

CONTRACT NO.		_												
STATE PROJECT NO:		F. A. NO.	F. A. NO.: COUNTY:											
SUBCONTRACTOR:									WEE	K EN	DING:			
OWNER/OPERATED	MINIMUM	1	ACT. NO.		#REE!	#REF!	#REE!	#REE!	#RFF!	#REF!	#REF!	TOTAL	RENTAL	1
EQUIPMENT	RENTAL	RENTAL	of RENTAL	RENTAL	WILL .	#ICEI .	#IXEI .	#IXEI .	#IXEI .	#IXEI .	WIKE!	HOURS	ADDITIVE	REMARKS
DESCRIPTION	PERIOD	RATE	PERIODS	AMOUNT	s	м	т	w	т	F	s	OPER	AMOUNT **	KEMAKKO
			1		-								 	
			1											
		DENTAL FOUIDMENT	CURTOTAL		-		NTAI	5011	/D 4.D	DITIV	- C.I.I.	TOTAL.		
		RENTAL EQUIPMENT	SUBTUTAL:		_	K	ENIAL	- EQU	IP. AD	אוווט	E 30E	BTOTAL:	<u> </u>	1
FULLY MAINTAINED	MINIMUM		ACT. NO.		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	TOTAL	RENTAL	
OWNER OPERATED	RENTAL	RENTAL	of RENTAL	RENTAL								HOURS	ADDITIVE	REMARKS
TRUCKS	PERIOD	RATE	PERIODS	AMOUNT	s	м	т	w	т	F	s	OPER	AMOUNT **	
			1											
					1									
			1										 	
	<u> </u>	RENTAL EQUIPMENT	SUBTOTAL:			DI	NTAI	EOU	ID AD	עדוע	E SIIE	STOTAL:	 	
		KENTAL EQUIPMENT	SOBTOTAL.			K	ENIAL	_ EQU	IF. AD	יוווע	E 30E	ololal.		1
CERTIFICATION:														
		erein shown were compiled b	-		my know	ledge i	and be	elief, ai	nd that	the w	ork ha	s been pe	rformed and	
the materials used in accor	rdance with the Plans a	and Specifications heretofore	approved for s	same.										
				∧ DDD (\/	n.									
_	DE	CIDENT ENCINEED		APPROVEI	J				11/101	2A/ C4	CINE	<u></u>		_
	RESIDENT ENGINEER							L	OVISIO	JN EN	GINE	⊨K		

EXAMPLE

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Month/Date/Vea

						Month/Date/Yea						
Insurr	PRODUCER ICE Agent/Broker Name ICE Agent/Broker Street Address or P.O ICE Agent/Broker City, State & Zip Co		AND CONFEI	RS NO RIGHTS	O AS A MATTER OF INFO UPON THE CERTIFICAT END, EXTEND OR ALTER BELOW.	E HOLDER. THIS						
	ct & Phone Number		INSURERS AF	INSURERS AFFORDING COVERAGE								
	INSURED		INSURER A	NAIC # Enter NAIC#								
Contr	actor Name			Enter NAIC#								
	actor Street Address or P.O. Box		INSURER C	INSURER B: Name of Insurance Company (if applicable) INSURER C: Name of Insurance Company (if applicable)								
Contr	actor City, State & Zip Code		INSURER D		ance Company (if applicable	·						
					Company (if applicable)	Enter NAIC#						
	COVERAGES		INCONLINE	vame of msurance	сотрату (п аррпсаоте)	Enter 147 frem						
NOT CER EXC		TERM OR CONDITION OF A	ANY CONTRACT OF FFORDED BY THE MITS SHOWN MAY POLICY EFFECTIVE	R OTHER DOCUME! POLICIES DESCRIE	NT WITH RESPECT TO WHICE SED HEREIN IS SUBJECT TO	CH THIS						
TR INS	RD THE OF INCORPANCE	TOLIOT NOMBER	DATE (MM/DD/YY)	(MM/DD/YY)	LIMITO							
$A \mid \triangleright$	GENERAL LIABILITY	Enter Policy #	Enter Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000						
- -	COMMERICAL GENERAL LIABILITY		Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,00						
	☐☐☐ CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	\$N/A						
	H—				PERSONAL & ADV INJURY	\$1,000,000						
	<u> </u>				GENERAL AGGREGATE	\$2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$1,000,000						
	POLICY PROJECT LOC				\$							
\ [AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$						
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$						
	HIRED AUTOS NON-OWNED AUTOS	D AUTOS			BODILY INJURY (Per accident)	\$						
	<u>R</u> —				PROPERTY DAMAGE (Per accident)	\$						
$\setminus \vdash$	GARAGE LIABILITY	Enter Policy # (if	Enter Effective	Enter Expiration	AUTO ONLY - EA ACCIDENT	\$1,000,000						
	ANY AUTO	required)	Date	Date	OTHER THAN EA ACC	\$						
	<u> </u>				AUTO ONLY: AGG	\$						
	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Enter Effective	Enter Expiration	EACH OCCURRENCE	\$5,000,000						
	OCCUR L CLAIMS MADE	required)	Date	Date	AGGREGATE	\$5,000,000						
						\$						
	DEDUCTIBLE DETENTION CEnter Amount					\$						
	RETENTION \$Enter Amount					\$						
. [WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Enter Policy#	Enter Effective Date	Enter Expiration Date	WC STATU- TORY OTH LIMITS							
	TIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$						
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$						
					E.L. DISEASE - POLICY LIMIT	\$						
	OTHER											
	PTION OF OPERATIONS / LOCATIONS / VEH Contract or Purchase Order Number (Jo			PECIAL PROVISIONS								
CERTIF	CATE HOLDER		CANCELLAT	ON								
c/o Sta P. O. E	on of Highway; Dept. of Transportation te Contractual Service Engineer ox 25201 n, NC 27611		EXPIRATIO TO MAIL <u>30</u> LEFT, BUT	N DATE THEREOF, TH DAYS WRITTEN NOTI FAILURE TO DO SO SI	SCRIBED POLICIES BE CANCEL E INSURER AFFORDING COVER CE TO THE CERTIFICATE HOLDI HALL IMPOSE NO OBLIGATION (AGE WILL ENDEAVOR ER NAMED TO THE						

ACORD 25 (2001/08) © ACORD CORPORATION 1988

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		PRODUCER		THIS	CERTIFI	CATE IS ISSUED	AS A MATTER OF INF	Month/Date/Year ORMATION ONLY					
In	surnce	e Agent/Broker Name e Agent/Broker Street Address or P.O e Agent/Broker City, State & Zip Coo		AND CERT	CONFE	RS NO RIGHTS	UPON THE CERTIFICAT END, EXTEND OR ALTER	E HOLDER. THIS					
Co	ontact	& Phone Number		INSUR	ERS AF	FORDING COVE	RAGE	NAIC #					
		INSURED		INSU	INSURER A: Name of Insurance Company								
Co	ontrac	tor Name		INSU	Enter NAIC#								
		tor Street Address or P.O. Box		INSU	INSURER C: Name of Insurance Company (if applicable)								
Co	ontrac	tor City, State & Zip Code		INSU	RER D): Name of Insur	ance Company (if applicable	e) Enter NAIC#					
				INSU	RER E	:Name of Insurance	Company (if applicable)	Enter NAIC#					
		COVERAGES					* * * * * * * * * * * * * * * * * * * *						
NSR	OTW ERTI XCLU ADD'I	OLICIES OF INSURANCE LISTED BE ITHSTANDING ANY REQUIREMENT, FICATE MAY BE ISSUED OR MAY PE JSIONS AND CONDITIONS OF SUCH	TERM OR CONDITION OF A ERTAIN, THE INSURANCE A POLICIES. AGGREGATE L	ANY CONT AFFORDED	RACT OF BY THE WN MAY	R OTHER DOCUMEN POLICIES DESCRIE HAVE BEEN REDUC POLICY	NT WITH RESPECT TO WHID BED HEREIN IS SUBJECT TO CED BY PAID CLAIMS. I	CH THIS					
LTR	INSRE	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM	/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS						
A	\boxtimes	GENERAL LIABILITY	Enter Policy #	Enter Eff	fective	Enter Expiration	EACH OCCURENCE	\$1,000,000					
Л		COMMERICAL GENERAL LIABILITY	Enter 1 oney "	Date	iccii ve	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,00					
		☐☐ CLAIMS MADE ☑ OCCUR					MED EXP (Any one person)	\$N/A					
		님					PERSONAL & ADV INJURY	\$1,000,000					
		<u> </u>					GENERAL AGGREGATE	\$2,000,000					
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000					
		POLICY PROJECT LOC						\$					
A		AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #	Enter Effect	tive Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$					
		ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	\$					
		HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$					
							PROPERTY DAMAGE (Per accident)	\$					
A		GARAGE LIABILITY	Enter Policy # (if	Enter Ef	fective	Enter Expiration	AUTO ONLY - EA ACCIDENT	\$1,000,000					
		ANY AUTO	required)	Date		Date	OTHER THAN AUTO ONLY: EA ACC AGG	\$					
A	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Enter Ef	fective	Enter Expiration	EACH OCCURRENCE	\$4,000,000					
2 1		OCCUR L CLAIMS MADE	required)	Date		Date	AGGREGATE	\$4,000,000					
								\$					
		DEDUCTIBLE						\$					
		RETENTION \$Enter Amount						\$					
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy#	Enter Eff	fective	Enter Expiration	WC STATU- TORY LIMITS OTH						
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?		Date		Date	E.L. EACH ACCIDENT	\$					
		If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA	\$					
		of Lower Novicions bolow					E.L. DISEASE - POLICY LIMIT	\$					
		OTHER						<u> </u>					
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEH	HICLES / EXCLUSIONS ADDED	BY ENDORS	EMENT / S	PECIAL PROVISIONS							
Ins	ert Co	ntract or Purchase Order Number (Jo	ob Descriptions, if Applicab	ole)									
CEF	RTIFICA	ATE HOLDER		CA	NCELLATI	ION							
c/o P. (State O. Box	of Highway; Dept. of Transportation Contractual Service Engineer x 25201 NC 27611		E T L	EXPIRATION NO MAIL 30 LEFT, BUT NO MAIL SUPERIOR NO METER	N DATE THEREOF, TH DAYS WRITTEN NOTIC FAILURE TO DO SO SI	SCRIBED POLICIES BE CANCEI E INSURER AFFORDING COVER CE TO THE CERTIFICATE HOLD HALL IMPOSE NO OBLIGATION GENTS OR REPRESENTATIVES.	RAGE WILL ENDEAVOR ER NAMED TO THE OR LIABILITY OF ANY					

ABC SAMPLING LOG FORM

LC 32 Aggregate Base Course		rse	Roa	dway As	surance (R	A) Sample B	ook			- 1 Sample per 2,500 Tons or fraction thereof				
										Sample	- No more than 5 days of ABC placement without a sample.			
										Frequency	- Samples may be taken more often to ensure minimum			
											samples are obtained, or as deemed necessary by the RE.			
			Distance	Random	Daily	Cumulative	Represented							
Sample #	Alignment	Station	From C/L	Number	Total	Total	Quantity	Result	Date	Initials	Remarks			
					895.04	895.04			9/12/2009					
					763.66	1658.7			9/23/2009					
					37.58	1696.28			9/26/2009					
RA - 1	-L-	13+35	28.8 Rt	7316	579.77	2276.05	2276.05	Pass	10/10/2009	BYO				
RA - 2	-Y1-	15+23	2.0 Rt	3204	604.24	2880.29	604.24	Fail	12/12/2009	BYO	RE requested sample due to failure to use spreader box			
					1030.99	3911.28			10/18/2009					
RA - 2A	-Y1-	15+23	6.6 Rt	2392				Pass	10/18/2009	DOP	Check Sample Passed (Taken by M&T)			
					100.11	4011.39			10/19/2009					
					284.05	4295.44			10/20/2009					
RA - 3	-L-	22+54	43.2 Rt	2976	1084.85	5380.29	2500	Pass	10/23/2009	BYO	Today's quantity (1438.99) split between RA-3 and RA-4			
					354.14	5734.43			10/23/2009					
					310.56	6044.99			10/24/2009					
					1133.28	7178.27			10/25/2009					
					18.91	7197.18			10/27/2009					
					75.39	7272.57			10/28/2009					
RA - 4	-L-	12+34	44.2 Lt	4820	82.52	7355.09	1974.8	Pass	11/2/2009	BYO	Sample taken due to 5 days of placement			
					370.74	7725.83			11/15/2009					
					194.08	7919.91			11/16/2009					
RA - 5	-L-	15+94	40.12 Lt	3937	1309.89	9229.8	1874.71	Fail	11/17/2009	BYO				
RA - 5A	-L-	15+94	41.62 Lt	2930				Fail	11/23/2009	DOP	Check Sample Failed (Taken by M&T) Removed & Replaced			
					911.82	10,141.62			12/12/2009					
					19.53	10161.15			12/14/2009					
RA - 6	-L-	19+32	47.0 Lt	8203	1192.21	11353.36	2123.56	Pass	3/22/2010	FRH				
					743.63	12096.99			3/29/2010					
					292.33	12389.32			3/30/2010					
RA - 7	-L-	21+10	33.4 Lt	3465	678.8	13068.12	1714.76	Pass	4/1/2010	FRH				
RA - 8	-L-	25+37	29.8 Rt	3920	2301.4	15369.52	2301.4	Pass	4/15/2010	BYO				
RA - 9		31+98	31.5 Rt	3827	2500	17869.52	2500	Pass	4/16/2010	KLM	Today's quantity (3019.93) split between RA-9 & RA-10			
					519.93	18389.45			4/16/2010					
RA - 10		35+21	42.3 Rt	9372	1913.33	20302.78	2433.26	Pass	4/17/2010	KLM				

Notes

- > Random number when days production is less than 2500 should be based on estimated days production for day which sample is taken
- > Represented quantity should be 2500 tons or quantity represented since last sample
- > Check samples must be taken by M&T Independent Assurance Technician

ABC SAMPLING LOG FORM

A	Aggregate Base Course Roadway Assurance (RA) Sample I					A) Sample B	ook			- 1 Sample per 2,500 Tons or fraction thereof	
										Sample	- No more than 5 days of ABC placement without a sample.
										Frequency	- Samples may be taken more often to ensure minimum
											samples are obtained, or as deemed necessary by the RE.
			Distance	Random	Daily	Cumulative	Represented				
Sample #	Alignment	Station	From C/L		Total	Total	Quantity	Result	Date	Initials	Remarks
Sample #	Aligimient	Station	FIOIII C/L	Number	I Otal	I Otal	Qualitity	Result	Date	IIIIIIais	Remarks
			<u> </u>								

- Notes > Random number when days production is less than 2500 should be based on estimated days production for day which sample is taken
 - > Represented quantity should be 2500 tons or quantity represented since last sample
 - > Check samples must be taken by M&T Independent Assurance Technician

FORCE ACCOUNT CONSTRUCTION

Form 881- FAC 8/12



NORTH CAROLINA DEPARTMENT OF TRANSPORTATION Request to Perform Force Account Construction on Federal Aid Project

The term Force Account Construction refers to construction work NCDOT performs on a federal funded project using its own forces. Specifically it means the direct performance of highway construction work by NCDOT by use of labor, equipment, materials, and supplies furnished by NCDOT and used under its contract terms. All Force Account Construction shall be performed in accordance with the FFIWA Order titled "FHWA Policy on Agency Force Account Use". Approval must be granted by the Division Engineer's authority is limited to a maximum of \$50,000 on Delegated Authority projects only. Amounts in excess of \$50,000 must be approved by the Chief Engineer. Force Account Construction on Full Oversight projects (Step-by-Step) must be approved by FHWA.

CONTRACT NO:	WBS NO:
TIP NO:	FEDERAL AID NO:
COUNTY:	
Description of the Force Account work:	
2. Justification (Emergency or More Cost Effective):	
Estimated Cost and Cost Comparison Documentation: (Summarize here and include actual documentation as an attachment)	
Requested By:	Approval Granted:
Division Maintenance Engineer	Division Engineer
DATE:	DATE:
Approval Granted (Only required for work over \$50,000):	Approval Granted (Full Oversight Projects Only):
Chief Engineer DATE:	DATE: